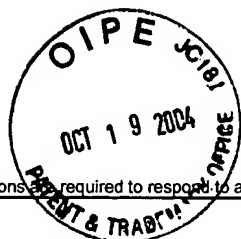


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|---|---------|--------------------------|------------------|
| <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <p style="font-size: small; margin-top: 10px;">Note: Effective October 1, 2001.<br/>Patent fees are subject to annual revision.</p> |         | <b>Complete If Known</b> |                  |
|   |         | Application Number       | 10/619, 817      |
|   |         | Filing Date              | 07/14/2003       |
|   |         | First Named Inventor     | Ronald R. West   |
|   |         | Group Art Unit           | 3654             |
|   |         | Examiner Name            | John M. Jillions |
| TOTAL AMOUNT OF PAYMENT   | \$55.00 | Attorney Docket Number   | 3170-21NP        |

| METHOD OF PAYMENT (check one)  | FEE CALCULATION (continued)   |                |              |  |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |      |      |                    |  |      |      |      |      |                        |  |                     |      |       |      |       |   |              |       |                |          |      |  |       |      |                 |      |     |   |                      |      |     |      |              |  |              |      |                 |          |          |   |          |          |      |      |      |  |                        |      |      |      |      |                  |                                   |      |      |      |      |  |                          |      |      |      |      |                          |   |      |      |      |      |   |   |      |                     |      |    |                                 |  |      |  |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
|--|---|----------------|--------------|--|-----------------|-----------------|----------|----------|----------|----------|----------|------|------|------|--------------------|-------------------------------------|------|------|------|------|-------------------|--|------|------|------|------|------------------|---------------------------|------|------|------|------|--------------------|--|------|------|------|------|------------------------|--|---------------------|------|-------|------|-------|---|--------------|-------|----------------|----------|------|--|-------|------|-----------------|------|-----|---|----------------------|------|-----|------|--------------|--|--------------|------|-----------------|----------|----------|---|----------|----------|------|------|------|--|------------------------|------|------|------|------|------------------|-----------------------------------|------|------|------|------|--|--------------------------|------|------|------|------|--------------------------|---|------|------|------|------|---|---|------|---------------------|------|----|---------------------------------|--|------|--|------|-----|------------------------------------|--|------|------|------|-----|-------------------|--|------|-----|------|-----|------------------|--|------|-----|------|-----|-----------------|--|------|-----|------|-----|-------------------------------|--|------|----|------|----|---|--|------|-----|------|-----|---|--|------|----|------|----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|--|--|---------------------------|--|--|--|--|--|---------------------------|--|--|--|--|--|
| <p>1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account No.: _____</p> <p>Deposit Account Name: _____</p> <p>Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Charge the Issue Fee In 37 CFR at the Mailing of the Notice of Allowance <input type="checkbox"/></p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed:</p> <p><input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p>   | <h3>3. ADDITIONAL FEES</h3> <table style="width:100%; font-size: small;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>1812</td><td>2520</td><td>1812</td><td>2520</td><td>For filing a request for reexamination</td><td></td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>1805</td><td>1840*</td><td>1805</td><td>1840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td><td>55.00</td></tr> <tr><td>1252</td><td>420</td><td>2252</td><td>210</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>1253</td><td>950</td><td>2253</td><td>475</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1254</td><td>1480</td><td>2254</td><td>740</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1255</td><td>2010</td><td>2255</td><td>1005</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>1401</td><td>330</td><td>2401</td><td>165</td><td>Notice of Appeal</td><td></td></tr> <tr><td>1402</td><td>330</td><td>2402</td><td>165</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>1403</td><td>290</td><td>2403</td><td>145</td><td>Request for oral hearing</td><td></td></tr> <tr><td>1451</td><td>1510</td><td>1451</td><td>1510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive -unavoidably</td><td></td></tr> <tr><td>1453</td><td>1330</td><td>2453</td><td>665</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>1501</td><td>1330</td><td>2501</td><td>665</td><td>Utility issue fee</td><td></td></tr> <tr><td>1502</td><td>480</td><td>2502</td><td>240</td><td>Design issue fee</td><td></td></tr> <tr><td>1503</td><td>640</td><td>2503</td><td>320</td><td>Plant issue fee</td><td></td></tr> <tr><td>1460</td><td>130</td><td>1460</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>1807</td><td>50</td><td>1807</td><td>50</td><td>Petitions related to provisional applications</td><td></td></tr> <tr><td>1806</td><td>180</td><td>1806</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr> <tr><td>8021</td><td>40</td><td>8021</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr> <tr><td>1809</td><td>770</td><td>2809</td><td>385</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr> <tr><td>1810</td><td>770</td><td>2810</td><td>385</td><td>For each additional invention to be examined (37 CFR 1.129(b))</td><td></td></tr> <tr><td colspan="6">Other fee (specify) _____</td></tr> <tr><td colspan="6">Other fee (specify) _____</td></tr> </tbody> </table> | Large Entity   |              | Small Entity   |                 | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1051 | 130  | 2051 | 65                 | Surcharge - late filing fee or oath |      | 1052 | 50   | 2052 | 25                | Surcharge - late provisional filing fee or cover sheet |      | 1053 | 130  | 1053 | 130              | Non-English specification |      | 1812 | 2520 | 1812 | 2520               | For filing a request for reexamination |      | 1804 | 920* | 1804 | 920*                   | Requesting publication of SIR prior to Examiner action |                     | 1805 | 1840* | 1805 | 1840* | Requesting publication of SIR after Examiner action |              | 1251  | 110            | 2251     | 55   | Extension for reply within first month | 55.00 | 1252 | 420             | 2252 | 210 | Extension for reply within second month |                      | 1253 | 950 | 2253 | 475          | Extension for reply within third month |              | 1254 | 1480            | 2254     | 740      | Extension for reply within fourth month |          | 1255     | 2010 | 2255 | 1005 | Extension for reply within fifth month |                        | 1401 | 330  | 2401 | 165  | Notice of Appeal |                                   | 1402 | 330  | 2402 | 165  | Filing a brief in support of an appeal |                          | 1403 | 290  | 2403 | 145  | Request for oral hearing |   | 1451 | 1510 | 1451 | 1510 | Petition to institute a public use proceeding |   | 1452 | 110                 | 2452 | 55 | Petition to revive -unavoidably |  | 1453 | 1330   | 2453 | 665 | Petition to revive - unintentional |  | 1501 | 1330 | 2501 | 665 | Utility issue fee |  | 1502 | 480 | 2502 | 240 | Design issue fee |  | 1503 | 640 | 2503 | 320 | Plant issue fee |  | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner |  | 1807 | 50 | 1807 | 50 | Petitions related to provisional applications |  | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt |  | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) |  | 1809 | 770 | 2809 | 385 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 1810 | 770 | 2810 | 385 | For each additional invention to be examined (37 CFR 1.129(b)) |  | Other fee (specify) _____ |  |  |  |  |  | Other fee (specify) _____ |  |  |  |  |  |
| Large Entity   |   | Small Entity   |              | Fee Description  | Fee Paid        |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |      |      |                    |  |      |      |      |      |                        |  |                     |      |       |      |       |   |              |       |                |          |      |  |       |      |                 |      |     |   |                      |      |     |      |              |  |              |      |                 |          |          |   |          |          |      |      |      |  |                        |      |      |      |      |                  |                                   |      |      |      |      |  |                          |      |      |      |      |                          |   |      |      |      |      |   |   |      |                     |      |    |                                 |  |      |  |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| Fee Code   | Fee (\$)  | Fee Code       | Fee (\$)     |  |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |      |      |                    |  |      |      |      |      |                        |  |                     |      |       |      |       |   |              |       |                |          |      |  |       |      |                 |      |     |   |                      |      |     |      |              |  |              |      |                 |          |          |   |          |          |      |      |      |  |                        |      |      |      |      |                  |                                   |      |      |      |      |  |                          |      |      |      |      |                          |   |      |      |      |      |   |   |      |                     |      |    |                                 |  |      |  |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 1051   | 130   | 2051           | 65           | Surcharge - late filing fee or oath  |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |      |      |                    |  |      |      |      |      |                        |  |                     |      |       |      |       |   |              |       |                |          |      |  |       |      |                 |      |     |   |                      |      |     |      |              |  |              |      |                 |          |          |   |          |          |      |      |      |  |                        |      |      |      |      |                  |                                   |      |      |      |      |  |                          |      |      |      |      |                          |   |      |      |      |      |   |   |      |                     |      |    |                                 |  |      |  |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 1052   | 50  | 2052           | 25           | Surcharge - late provisional filing fee or cover sheet                     |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |      |      |                    |  |      |      |      |      |                        |  |                     |      |       |      |       |   |              |       |                |          |      |  |       |      |                 |      |     |   |                      |      |     |      |              |  |              |      |                 |          |          |   |          |          |      |      |      |  |                        |      |      |      |      |                  |                                   |      |      |      |      |  |                          |      |      |      |      |                          |   |      |      |      |      |   |   |      |                     |      |    |                                 |  |      |  |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 1053   | 130   | 1053           | 130          | Non-English specification  |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |      |      |                    |  |      |      |      |      |                        |  |                     |      |       |      |       |   |              |       |                |          |      |  |       |      |                 |      |     |   |                      |      |     |      |              |  |              |      |                 |          |          |   |          |          |      |      |      |  |                        |      |      |      |      |                  |                                   |      |      |      |      |  |                          |      |      |      |      |                          |   |      |      |      |      |   |   |      |                     |      |    |                                 |  |      |  |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 1812   | 2520  | 1812           | 2520         | For filing a request for reexamination                                     |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |      |      |                    |  |      |      |      |      |                        |  |                     |      |       |      |       |   |              |       |                |          |      |  |       |      |                 |      |     |   |                      |      |     |      |              |  |              |      |                 |          |          |   |          |          |      |      |      |  |                        |      |      |      |      |                  |                                   |      |      |      |      |  |                          |      |      |      |      |                          |   |      |      |      |      |   |   |      |                     |      |    |                                 |  |      |  |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 1804   | 920*  | 1804           | 920*         | Requesting publication of SIR prior to Examiner action                     |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |      |      |                    |  |      |      |      |      |                        |  |                     |      |       |      |       |   |              |       |                |          |      |  |       |      |                 |      |     |   |                      |      |     |      |              |  |              |      |                 |          |          |   |          |          |      |      |      |  |                        |      |      |      |      |                  |                                   |      |      |      |      |  |                          |      |      |      |      |                          |   |      |      |      |      |   |   |      |                     |      |    |                                 |  |      |  |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 1805   | 1840*   | 1805           | 1840*        | Requesting publication of SIR after Examiner action                        |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |      |      |                    |  |      |      |      |      |                        |  |                     |      |       |      |       |   |              |       |                |          |      |  |       |      |                 |      |     |   |                      |      |     |      |              |  |              |      |                 |          |          |   |          |          |      |      |      |  |                        |      |      |      |      |                  |                                   |      |      |      |      |  |                          |      |      |      |      |                          |   |      |      |      |      |   |   |      |                     |      |    |                                 |  |      |  |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 1251   | 110   | 2251           | 55           | Extension for reply within first month                                     | 55.00           |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |      |      |                    |  |      |      |      |      |                        |  |                     |      |       |      |       |   |              |       |                |          |      |  |       |      |                 |      |     |   |                      |      |     |      |              |  |              |      |                 |          |          |   |          |          |      |      |      |  |                        |      |      |      |      |                  |                                   |      |      |      |      |  |                          |      |      |      |      |                          |   |      |      |      |      |   |   |      |                     |      |    |                                 |  |      |  |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 1252   | 420   | 2252           | 210          | Extension for reply within second month                                    |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |      |      |                    |  |      |      |      |      |                        |  |                     |      |       |      |       |   |              |       |                |          |      |  |       |      |                 |      |     |   |                      |      |     |      |              |  |              |      |                 |          |          |   |          |          |      |      |      |  |                        |      |      |      |      |                  |                                   |      |      |      |      |  |                          |      |      |      |      |                          |   |      |      |      |      |   |   |      |                     |      |    |                                 |  |      |  |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 1253   | 950   | 2253           | 475          | Extension for reply within third month                                     |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |      |      |                    |  |      |      |      |      |                        |  |                     |      |       |      |       |   |              |       |                |          |      |  |       |      |                 |      |     |   |                      |      |     |      |              |  |              |      |                 |          |          |   |          |          |      |      |      |  |                        |      |      |      |      |                  |                                   |      |      |      |      |  |                          |      |      |      |      |                          |   |      |      |      |      |   |   |      |                     |      |    |                                 |  |      |  |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 1254   | 1480  | 2254           | 740          | Extension for reply within fourth month                                    |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |      |      |                    |  |      |      |      |      |                        |  |                     |      |       |      |       |   |              |       |                |          |      |  |       |      |                 |      |     |   |                      |      |     |      |              |  |              |      |                 |          |          |   |          |          |      |      |      |  |                        |      |      |      |      |                  |                                   |      |      |      |      |  |                          |      |      |      |      |                          |   |      |      |      |      |   |   |      |                     |      |    |                                 |  |      |  |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 1255   | 2010  | 2255           | 1005         | Extension for reply within fifth month                                     |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |      |      |                    |  |      |      |      |      |                        |  |                     |      |       |      |       |   |              |       |                |          |      |  |       |      |                 |      |     |   |                      |      |     |      |              |  |              |      |                 |          |          |   |          |          |      |      |      |  |                        |      |      |      |      |                  |                                   |      |      |      |      |  |                          |      |      |      |      |                          |   |      |      |      |      |   |   |      |                     |      |    |                                 |  |      |  |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 1401   | 330   | 2401           | 165          | Notice of Appeal   |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |      |      |                    |  |      |      |      |      |                        |  |                     |      |       |      |       |   |              |       |                |          |      |  |       |      |                 |      |     |   |                      |      |     |      |              |  |              |      |                 |          |          |   |          |          |      |      |      |  |                        |      |      |      |      |                  |                                   |      |      |      |      |  |                          |      |      |      |      |                          |   |      |      |      |      |   |   |      |                     |      |    |                                 |  |      |  |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 1402   | 330   | 2402           | 165          | Filing a brief in support of an appeal                                     |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |      |      |                    |  |      |      |      |      |                        |  |                     |      |       |      |       |   |              |       |                |          |      |  |       |      |                 |      |     |   |                      |      |     |      |              |  |              |      |                 |          |          |   |          |          |      |      |      |  |                        |      |      |      |      |                  |                                   |      |      |      |      |  |                          |      |      |      |      |                          |   |      |      |      |      |   |   |      |                     |      |    |                                 |  |      |  |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 1403   | 290   | 2403           | 145          | Request for oral hearing   |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |      |      |                    |  |      |      |      |      |                        |  |                     |      |       |      |       |   |              |       |                |          |      |  |       |      |                 |      |     |   |                      |      |     |      |              |  |              |      |                 |          |          |   |          |          |      |      |      |  |                        |      |      |      |      |                  |                                   |      |      |      |      |  |                          |      |      |      |      |                          |   |      |      |      |      |   |   |      |                     |      |    |                                 |  |      |  |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 1451   | 1510  | 1451           | 1510         | Petition to institute a public use proceeding                              |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |      |      |                    |  |      |      |      |      |                        |  |                     |      |       |      |       |   |              |       |                |          |      |  |       |      |                 |      |     |   |                      |      |     |      |              |  |              |      |                 |          |          |   |          |          |      |      |      |  |                        |      |      |      |      |                  |                                   |      |      |      |      |  |                          |      |      |      |      |                          |   |      |      |      |      |   |   |      |                     |      |    |                                 |  |      |  |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 1452   | 110   | 2452           | 55           | Petition to revive -unavoidably  |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |      |      |                    |  |      |      |      |      |                        |  |                     |      |       |      |       |   |              |       |                |          |      |  |       |      |                 |      |     |   |                      |      |     |      |              |  |              |      |                 |          |          |   |          |          |      |      |      |  |                        |      |      |      |      |                  |                                   |      |      |      |      |  |                          |      |      |      |      |                          |   |      |      |      |      |   |   |      |                     |      |    |                                 |  |      |  |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 1453   | 1330  | 2453           | 665          | Petition to revive - unintentional   |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |      |      |                    |  |      |      |      |      |                        |  |                     |      |       |      |       |   |              |       |                |          |      |  |       |      |                 |      |     |   |                      |      |     |      |              |  |              |      |                 |          |          |   |          |          |      |      |      |  |                        |      |      |      |      |                  |                                   |      |      |      |      |  |                          |      |      |      |      |                          |   |      |      |      |      |   |   |      |                     |      |    |                                 |  |      |  |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 1501   | 1330  | 2501           | 665          | Utility issue fee  |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |      |      |                    |  |      |      |      |      |                        |  |                     |      |       |      |       |   |              |       |                |          |      |  |       |      |                 |      |     |   |                      |      |     |      |              |  |              |      |                 |          |          |   |          |          |      |      |      |  |                        |      |      |      |      |                  |                                   |      |      |      |      |  |                          |      |      |      |      |                          |   |      |      |      |      |   |   |      |                     |      |    |                                 |  |      |  |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 1502   | 480   | 2502           | 240          | Design issue fee   |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |      |      |                    |  |      |      |      |      |                        |  |                     |      |       |      |       |   |              |       |                |          |      |  |       |      |                 |      |     |   |                      |      |     |      |              |  |              |      |                 |          |          |   |          |          |      |      |      |  |                        |      |      |      |      |                  |                                   |      |      |      |      |  |                          |      |      |      |      |                          |   |      |      |      |      |   |   |      |                     |      |    |                                 |  |      |  |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 1503   | 640   | 2503           | 320          | Plant issue fee  |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |      |      |                    |  |      |      |      |      |                        |  |                     |      |       |      |       |   |              |       |                |          |      |  |       |      |                 |      |     |   |                      |      |     |      |              |  |              |      |                 |          |          |   |          |          |      |      |      |  |                        |      |      |      |      |                  |                                   |      |      |      |      |  |                          |      |      |      |      |                          |   |      |      |      |      |   |   |      |                     |      |    |                                 |  |      |  |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 1460   | 130   | 1460           | 130          | Petitions to the Commissioner  |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |      |      |                    |  |      |      |      |      |                        |  |                     |      |       |      |       |   |              |       |                |          |      |  |       |      |                 |      |     |   |                      |      |     |      |              |  |              |      |                 |          |          |   |          |          |      |      |      |  |                        |      |      |      |      |                  |                                   |      |      |      |      |  |                          |      |      |      |      |                          |   |      |      |      |      |   |   |      |                     |      |    |                                 |  |      |  |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 1807   | 50  | 1807           | 50           | Petitions related to provisional applications                              |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |      |      |                    |  |      |      |      |      |                        |  |                     |      |       |      |       |   |              |       |                |          |      |  |       |      |                 |      |     |   |                      |      |     |      |              |  |              |      |                 |          |          |   |          |          |      |      |      |  |                        |      |      |      |      |                  |                                   |      |      |      |      |  |                          |      |      |      |      |                          |   |      |      |      |      |   |   |      |                     |      |    |                                 |  |      |  |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 1806   | 180   | 1806           | 180          | Submission of Information Disclosure Stmt                                  |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |      |      |                    |  |      |      |      |      |                        |  |                     |      |       |      |       |   |              |       |                |          |      |  |       |      |                 |      |     |   |                      |      |     |      |              |  |              |      |                 |          |          |   |          |          |      |      |      |  |                        |      |      |      |      |                  |                                   |      |      |      |      |  |                          |      |      |      |      |                          |   |      |      |      |      |   |   |      |                     |      |    |                                 |  |      |  |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 8021   | 40  | 8021           | 40           | Recording each patent assignment per property (times number of properties) |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |      |      |                    |  |      |      |      |      |                        |  |                     |      |       |      |       |   |              |       |                |          |      |  |       |      |                 |      |     |   |                      |      |     |      |              |  |              |      |                 |          |          |   |          |          |      |      |      |  |                        |      |      |      |      |                  |                                   |      |      |      |      |  |                          |      |      |      |      |                          |   |      |      |      |      |   |   |      |                     |      |    |                                 |  |      |  |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 1809   | 770   | 2809           | 385          | Filing a submission after final rejection (37 CFR 1.129(a))                |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |      |      |                    |  |      |      |      |      |                        |  |                     |      |       |      |       |   |              |       |                |          |      |  |       |      |                 |      |     |   |                      |      |     |      |              |  |              |      |                 |          |          |   |          |          |      |      |      |  |                        |      |      |      |      |                  |                                   |      |      |      |      |  |                          |      |      |      |      |                          |   |      |      |      |      |   |   |      |                     |      |    |                                 |  |      |  |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 1810   | 770   | 2810           | 385          | For each additional invention to be examined (37 CFR 1.129(b))             |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |      |      |                    |  |      |      |      |      |                        |  |                     |      |       |      |       |   |              |       |                |          |      |  |       |      |                 |      |     |   |                      |      |     |      |              |  |              |      |                 |          |          |   |          |          |      |      |      |  |                        |      |      |      |      |                  |                                   |      |      |      |      |  |                          |      |      |      |      |                          |   |      |      |      |      |   |   |      |                     |      |    |                                 |  |      |  |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| Other fee (specify) _____  |   |                |              |  |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |      |      |                    |  |      |      |      |      |                        |  |                     |      |       |      |       |   |              |       |                |          |      |  |       |      |                 |      |     |   |                      |      |     |      |              |  |              |      |                 |          |          |   |          |          |      |      |      |  |                        |      |      |      |      |                  |                                   |      |      |      |      |  |                          |      |      |      |      |                          |   |      |      |      |      |   |   |      |                     |      |    |                                 |  |      |  |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| Other fee (specify) _____  |   |                |              |  |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |      |      |                    |  |      |      |      |      |                        |  |                     |      |       |      |       |   |              |       |                |          |      |  |       |      |                 |      |     |   |                      |      |     |      |              |  |              |      |                 |          |          |   |          |          |      |      |      |  |                        |      |      |      |      |                  |                                   |      |      |      |      |  |                          |      |      |      |      |                          |   |      |      |      |      |   |   |      |                     |      |    |                                 |  |      |  |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| <h3>1. FILING FEE</h3> <table style="width:100%; font-size: small;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1001</td><td>770</td><td>2001</td><td>385</td><td>Utility filing fee</td><td></td></tr> <tr><td>1002</td><td>340</td><td>2002</td><td>170</td><td>Design filing fee</td><td></td></tr> <tr><td>1003</td><td>530</td><td>2003</td><td>265</td><td>Plant filing fee</td><td></td></tr> <tr><td>1004</td><td>770</td><td>2004</td><td>385</td><td>Reissue filing fee</td><td></td></tr> <tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td></td></tr> <tr><td colspan="5"><b>SUBTOTAL (1)</b></td><td>\$</td></tr> </tbody> </table> <h3>2. CLAIMS</h3> <table style="width:100%; font-size: small;"> <thead> <tr> <th>Total Claims</th> <th>Extra</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>20 =</td> <td>0</td> <td>9</td> <td>0</td> </tr> <tr> <td>Ind. Claims 3 =</td> <td>0</td> <td>43</td> <td>0</td> </tr> <tr> <td>Multiple Dep. Claims</td> <td>0</td> <td>280</td> <td>0</td> </tr> </tbody> </table> <table style="width:100%; font-size: small;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>1201</td><td>86</td><td>2201</td><td>43</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>1203</td><td>290</td><td>2203</td><td>145</td><td>Multiple dependent claim</td><td></td></tr> <tr><td>1204</td><td>86</td><td>2204</td><td>43</td><td>Reissue independent claims over original patent</td><td></td></tr> <tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr><td colspan="5"><b>SUBTOTAL (2)</b></td><td>0</td></tr> </tbody> </table> | Large Entity  |                | Small Entity |  | Fee Description | Fee Paid        | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1001     | 770  | 2001 | 385  | Utility filing fee |                                     | 1002 | 340  | 2002 | 170  | Design filing fee |  | 1003 | 530  | 2003 | 265  | Plant filing fee |                           | 1004 | 770  | 2004 | 385  | Reissue filing fee |  | 1005 | 160  | 2005 | 80   | Provisional filing fee |  | <b>SUBTOTAL (1)</b> |      |       |      |       | \$  | Total Claims | Extra | Fee from below | Fee Paid | 20 = | 0                                      | 9     | 0    | Ind. Claims 3 = | 0    | 43  | 0                                       | Multiple Dep. Claims | 0    | 280 | 0    | Large Entity |  | Small Entity |      | Fee Description | Fee Paid | Fee Code | Fee (\$)                                | Fee Code | Fee (\$) | 1202 | 18   | 2202 | 9                                      | Claims in excess of 20 |      | 1201 | 86   | 2201 | 43               | Independent claims in excess of 3 |      | 1203 | 290  | 2203 | 145                                    | Multiple dependent claim |      | 1204 | 86   | 2204 | 43                       | Reissue independent claims over original patent |      | 1205 | 18   | 2205 | 9   | Reissue claims in excess of 20 and over original patent |      | <b>SUBTOTAL (2)</b> |      |    |                                 |  | 0    | <p>*Reduced by Basic Filing Fee</p> <p><b>SUBTOTAL (3)</b> 55.00</p> |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| Large Entity   |   | Small Entity   |              | Fee Description  |                 |                 | Fee Paid |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |      |      |                    |  |      |      |      |      |                        |  |                     |      |       |      |       |   |              |       |                |          |      |  |       |      |                 |      |     |   |                      |      |     |      |              |  |              |      |                 |          |          |   |          |          |      |      |      |  |                        |      |      |      |      |                  |                                   |      |      |      |      |  |                          |      |      |      |      |                          |   |      |      |      |      |   |   |      |                     |      |    |                                 |  |      |  |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| Fee Code   | Fee (\$)  | Fee Code       | Fee (\$)     |  |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |      |      |                    |  |      |      |      |      |                        |  |                     |      |       |      |       |   |              |       |                |          |      |  |       |      |                 |      |     |   |                      |      |     |      |              |  |              |      |                 |          |          |   |          |          |      |      |      |  |                        |      |      |      |      |                  |                                   |      |      |      |      |  |                          |      |      |      |      |                          |   |      |      |      |      |   |   |      |                     |      |    |                                 |  |      |  |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 1001   | 770   | 2001           | 385          | Utility filing fee   |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |      |      |                    |  |      |      |      |      |                        |  |                     |      |       |      |       |   |              |       |                |          |      |  |       |      |                 |      |     |   |                      |      |     |      |              |  |              |      |                 |          |          |   |          |          |      |      |      |  |                        |      |      |      |      |                  |                                   |      |      |      |      |  |                          |      |      |      |      |                          |   |      |      |      |      |   |   |      |                     |      |    |                                 |  |      |  |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 1002   | 340   | 2002           | 170          | Design filing fee  |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |      |      |                    |  |      |      |      |      |                        |  |                     |      |       |      |       |   |              |       |                |          |      |  |       |      |                 |      |     |   |                      |      |     |      |              |  |              |      |                 |          |          |   |          |          |      |      |      |  |                        |      |      |      |      |                  |                                   |      |      |      |      |  |                          |      |      |      |      |                          |   |      |      |      |      |   |   |      |                     |      |    |                                 |  |      |  |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 1003   | 530   | 2003           | 265          | Plant filing fee   |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |      |      |                    |  |      |      |      |      |                        |  |                     |      |       |      |       |   |              |       |                |          |      |  |       |      |                 |      |     |   |                      |      |     |      |              |  |              |      |                 |          |          |   |          |          |      |      |      |  |                        |      |      |      |      |                  |                                   |      |      |      |      |  |                          |      |      |      |      |                          |   |      |      |      |      |   |   |      |                     |      |    |                                 |  |      |  |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 1004   | 770   | 2004           | 385          | Reissue filing fee   |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |      |      |                    |  |      |      |      |      |                        |  |                     |      |       |      |       |   |              |       |                |          |      |  |       |      |                 |      |     |   |                      |      |     |      |              |  |              |      |                 |          |          |   |          |          |      |      |      |  |                        |      |      |      |      |                  |                                   |      |      |      |      |  |                          |      |      |      |      |                          |   |      |      |      |      |   |   |      |                     |      |    |                                 |  |      |  |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 1005   | 160   | 2005           | 80           | Provisional filing fee   |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |      |      |                    |  |      |      |      |      |                        |  |                     |      |       |      |       |   |              |       |                |          |      |  |       |      |                 |      |     |   |                      |      |     |      |              |  |              |      |                 |          |          |   |          |          |      |      |      |  |                        |      |      |      |      |                  |                                   |      |      |      |      |  |                          |      |      |      |      |                          |   |      |      |      |      |   |   |      |                     |      |    |                                 |  |      |  |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| <b>SUBTOTAL (1)</b>  |   |                |              |  | \$              |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |      |      |                    |  |      |      |      |      |                        |  |                     |      |       |      |       |   |              |       |                |          |      |  |       |      |                 |      |     |   |                      |      |     |      |              |  |              |      |                 |          |          |   |          |          |      |      |      |  |                        |      |      |      |      |                  |                                   |      |      |      |      |  |                          |      |      |      |      |                          |   |      |      |      |      |   |   |      |                     |      |    |                                 |  |      |  |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| Total Claims   | Extra   | Fee from below | Fee Paid     |  |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |      |      |                    |  |      |      |      |      |                        |  |                     |      |       |      |       |   |              |       |                |          |      |  |       |      |                 |      |     |   |                      |      |     |      |              |  |              |      |                 |          |          |   |          |          |      |      |      |  |                        |      |      |      |      |                  |                                   |      |      |      |      |  |                          |      |      |      |      |                          |   |      |      |      |      |   |   |      |                     |      |    |                                 |  |      |  |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 20 =   | 0   | 9              | 0            |  |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |      |      |                    |  |      |      |      |      |                        |  |                     |      |       |      |       |   |              |       |                |          |      |  |       |      |                 |      |     |   |                      |      |     |      |              |  |              |      |                 |          |          |   |          |          |      |      |      |  |                        |      |      |      |      |                  |                                   |      |      |      |      |  |                          |      |      |      |      |                          |   |      |      |      |      |   |   |      |                     |      |    |                                 |  |      |  |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| Ind. Claims 3 =  | 0   | 43             | 0            |  |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |      |      |                    |  |      |      |      |      |                        |  |                     |      |       |      |       |   |              |       |                |          |      |  |       |      |                 |      |     |   |                      |      |     |      |              |  |              |      |                 |          |          |   |          |          |      |      |      |  |                        |      |      |      |      |                  |                                   |      |      |      |      |  |                          |      |      |      |      |                          |   |      |      |      |      |   |   |      |                     |      |    |                                 |  |      |  |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| Multiple Dep. Claims   | 0   | 280            | 0            |  |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |      |      |                    |  |      |      |      |      |                        |  |                     |      |       |      |       |   |              |       |                |          |      |  |       |      |                 |      |     |   |                      |      |     |      |              |  |              |      |                 |          |          |   |          |          |      |      |      |  |                        |      |      |      |      |                  |                                   |      |      |      |      |  |                          |      |      |      |      |                          |   |      |      |      |      |   |   |      |                     |      |    |                                 |  |      |  |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| Large Entity   |   | Small Entity   |              | Fee Description  | Fee Paid        |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |      |      |                    |  |      |      |      |      |                        |  |                     |      |       |      |       |   |              |       |                |          |      |  |       |      |                 |      |     |   |                      |      |     |      |              |  |              |      |                 |          |          |   |          |          |      |      |      |  |                        |      |      |      |      |                  |                                   |      |      |      |      |  |                          |      |      |      |      |                          |   |      |      |      |      |   |   |      |                     |      |    |                                 |  |      |  |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| Fee Code   | Fee (\$)  | Fee Code       | Fee (\$)     |  |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |      |      |                    |  |      |      |      |      |                        |  |                     |      |       |      |       |   |              |       |                |          |      |  |       |      |                 |      |     |   |                      |      |     |      |              |  |              |      |                 |          |          |   |          |          |      |      |      |  |                        |      |      |      |      |                  |                                   |      |      |      |      |  |                          |      |      |      |      |                          |   |      |      |      |      |   |   |      |                     |      |    |                                 |  |      |  |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 1202   | 18  | 2202           | 9            | Claims in excess of 20   |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |      |      |                    |  |      |      |      |      |                        |  |                     |      |       |      |       |   |              |       |                |          |      |  |       |      |                 |      |     |   |                      |      |     |      |              |  |              |      |                 |          |          |   |          |          |      |      |      |  |                        |      |      |      |      |                  |                                   |      |      |      |      |  |                          |      |      |      |      |                          |   |      |      |      |      |   |   |      |                     |      |    |                                 |  |      |  |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 1201   | 86  | 2201           | 43           | Independent claims in excess of 3  |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |      |      |                    |  |      |      |      |      |                        |  |                     |      |       |      |       |   |              |       |                |          |      |  |       |      |                 |      |     |   |                      |      |     |      |              |  |              |      |                 |          |          |   |          |          |      |      |      |  |                        |      |      |      |      |                  |                                   |      |      |      |      |  |                          |      |      |      |      |                          |   |      |      |      |      |   |   |      |                     |      |    |                                 |  |      |  |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 1203   | 290   | 2203           | 145          | Multiple dependent claim   |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |      |      |                    |  |      |      |      |      |                        |  |                     |      |       |      |       |   |              |       |                |          |      |  |       |      |                 |      |     |   |                      |      |     |      |              |  |              |      |                 |          |          |   |          |          |      |      |      |  |                        |      |      |      |      |                  |                                   |      |      |      |      |  |                          |      |      |      |      |                          |   |      |      |      |      |   |   |      |                     |      |    |                                 |  |      |  |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 1204   | 86  | 2204           | 43           | Reissue independent claims over original patent                            |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |      |      |                    |  |      |      |      |      |                        |  |                     |      |       |      |       |   |              |       |                |          |      |  |       |      |                 |      |     |   |                      |      |     |      |              |  |              |      |                 |          |          |   |          |          |      |      |      |  |                        |      |      |      |      |                  |                                   |      |      |      |      |  |                          |      |      |      |      |                          |   |      |      |      |      |   |   |      |                     |      |    |                                 |  |      |  |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 1205   | 18  | 2205           | 9            | Reissue claims in excess of 20 and over original patent                    |                 |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |      |      |                    |  |      |      |      |      |                        |  |                     |      |       |      |       |   |              |       |                |          |      |  |       |      |                 |      |     |   |                      |      |     |      |              |  |              |      |                 |          |          |   |          |          |      |      |      |  |                        |      |      |      |      |                  |                                   |      |      |      |      |  |                          |      |      |      |      |                          |   |      |      |      |      |   |   |      |                     |      |    |                                 |  |      |  |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| <b>SUBTOTAL (2)</b>  |   |                |              |  | 0               |                 |          |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |      |      |                    |  |      |      |      |      |                        |  |                     |      |       |      |       |   |              |       |                |          |      |  |       |      |                 |      |     |   |                      |      |     |      |              |  |              |      |                 |          |          |   |          |          |      |      |      |  |                        |      |      |      |      |                  |                                   |      |      |      |      |  |                          |      |      |      |      |                          |   |      |      |      |      |   |   |      |                     |      |    |                                 |  |      |  |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |

| SUBMITTED BY          |               |  |      | Complete (if applicable) |         |
|-----------------------|---------------|--|------|--------------------------|---------|
| Typed or Printed Name | Jason P. Webb |  |      | Reg. Number              | 55, 714 |
| Signature             |               |  | Date | Oct 14, 2004             |         |
|                       |               |  |      | Deposit Account User ID  |         |

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3170.2.1

## IN THE UNITED STATES

## PATENT AND TRADEMARK OFFICE

APPLICANT(S): RONALD R. WEST  
SERIAL NO.: 10/619,817  
FILING DATE: 07/14/2003  
TITLE: UNITS FOR STORING FLEXIBLE ELONGATED  
OBJECTS  
EXAMINER: JOHN M. JILLIONS  
GROUP ART UNIT: 3654  
ATTY. DKT. NO.: 3170.2.1

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below:

Dated: October 14, 2004

By: Meera Rajaram  
Meera Rajaram or Diann Herring

COMMISSIONER FOR PATENTS  
P.O. BOX 1450  
ALEXANDRIA, VA 22313-1450

## PETITION FOR EXTENSION OF TIME

SIR:

Applicant hereby petitions for an extension of time of

| Term of Extension                           | Small Entity                                 | Other than a Small Entity           |
|---|--|-------------------------------------|
| <input checked="" type="checkbox"/> 1 month | <input checked="" type="checkbox"/> \$ 55.00 | <input type="checkbox"/> \$ 110.00  |
| <input type="checkbox"/> 2 months           | <input type="checkbox"/> \$205.00            | <input type="checkbox"/> \$ 410.00  |
| <input type="checkbox"/> 3 months           | <input type="checkbox"/> \$465.00            | <input type="checkbox"/> \$ 930.00  |
| <input type="checkbox"/> 4 months           | <input type="checkbox"/> \$725.00            | <input type="checkbox"/> \$1,450.00 |

for responding to the Patent Office communication mailed June 16, 2004


10/21/2004 AWONDAF1 00000102 10619817

01 FC:2251

55.00 OP

Enclosed herewith is payment in the amount of \$55.00 for the fee for the extension of time, calculated as indicated above.

Respectfully submitted,

  
\_\_\_\_\_  
Jason P. Webb,  
Reg. No.: 55,714  
Attorney for Applicant

Dated: October 14, 2004

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